# NATIONAL HEALTH SERVICE CORPS EDUCATIONAL PROGRAM FOR CLINICAL AND COMMUNITY ISSUES IN PRIMARY CARE

## PERSONAL AND PROFESSIONAL DEVELOPMENT MODULE

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by

**American Medical Student Association/Foundation**
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**CONTENTS**

**SUBTOPIC 1**

**A DIALOGUE WITH TWO COMMUNITY CLINICIANS**

**TIMELINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentation and Discussion Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, nurse practitioners, physician assistants, nurse midwives, and students.

By the end of this discussion, participants should:

1. Better understand the process of making career decisions

2. Recognize some of the things they can do to:

    - Maximize the value of academic and training experiences in helping to make career choices
    - Minimize concerns about serving in underserved areas and identify the rewards that come from such service
    - Evaluate the tangible and intangible pros and cons of various options

3. Understand of the variety of practice settings in which physicians, nurse practitioners, physician assistants, and nurse midwives may practice

## SECTION 2 OVERVIEW

As you progress through your training, you must make a series of choices to focus your career choice. These include choices among specialties and subspecialties, the location for your later stages of training and eventual practice, and a range of other issues.

No one but you can identify your needs and interests, but you are not alone; everyone goes through this decision process. This discussion is designed to help you sort out your options and match your skills and desires to a satisfying career track. The subjects are real health care providers discussing the issues they have faced in making their major career choices.

After the speakers present their stories, participants can ask questions and raise any relevant issues that may not have been covered. Specific issues related to ethnic, gender and cultural considerations are not addressed in this module, but the facilitator and participants are encouraged to raise issues that are relevant or of interest to the group.

## SECTION 3 CASE PRESENTATIONS

This discussion is led by a panel of two (or three) community-based clinicians who care for underserved populations. They might be providers from the National Health Service Corps, Community Health Centers, Migrant Health Centers or other community-based primary care organizations. Preferably, the panel includes a range of different providers, such as a combination made up of some of the following:

- Providers from different geographical settings, such as one from an urban area and one from a rural area
- Providers from different health professions, such as a doctor and a nurse practitioner
- Providers who work with significantly different populations, such as a migrant health center provider, and one who serves a long-established community

The speakers introduce themselves and briefly describe their current positions and how they arrived there, as well as influences based on their backgrounds. They discuss the various options they considered along the way, evaluating the pros and cons of their practice setting, training environment, and course work.

The presenters focus on specific issues that have been important to them in choosing their training, practice type, and community setting. In particular, they discuss some of the more difficult choices they have had to make—selecting among various courses, preceptorships, clerkships, specialties, and residencies, for example—and explain their decision-making process for each. It would be useful to include a brief description of the process that each person completed to decide to accept his or her current professional position, including his or her preparation for a job search, the interviewing process, and the factors that caused him or her to accept a job. Presenters should explain the factors that motivate them to work in their clinical setting and/or with a specific population. Information about how each clinician pursues professional development and life-long learning is important to this presentation.

If applicable, the presenters might discuss their cultural heritage or spousal concerns related to professional decisions and working with underserved populations. The strengths and weaknesses of their professional situation, any regrets about decisions made, and expectations for the future are part of this presentation. It would be helpful for the speakers to discuss opinions about trends in the profession, in the world of health care, and in the world at large that may affect participants' decision making.

In the time remaining, participants can ask questions; or, if panelists feel comfortable, participants can ask questions during the presentation to foster an interactive session.

**SUBTOPIC 2**

**RECRUITMENT**

**TIMELINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentations and Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, nurse practitioners, physician assistants, nurse midwives, and students and practitioners. This subtopic also may be used as a self-study for health professionals in training who are considering their practice decisions.

By the end of this discussion, participants should:

1. Better understand the process of recruitment

2. Recognize some of the options to:

    - Maximize interview and site visit experiences
    - Minimize concerns about serving in underserved areas and identify the rewards that come from such service
    - Evaluate the tangibles and intangibles that make up the job offer

3. Understand the variety of practice settings in which physicians, nurse practitioners, physician assistants, and nurse midwives may practice

## SECTION 2 OVERVIEW

This discussion session is about recruitment—being recruited and being prepared for it. It focuses primarily on recruitment by a practice site after you have completed your academic education and/or residency.

Recruiters use an assortment of creative strategies. The average time it takes a recruiter to recruit one physician is 12–18 months. The average number of offers a recruiter makes in order to get one physician to say yes is three. It may take 12 months to recruit one nurse practitioner, physician assistant, or nurse midwife.

A case is presented below in which a primary health care center is in the process of recruiting additions to its health professional team—a physician (Case 1) and either a nurse practitioner or a physician assistant (Case 2). Discussion questions are raised about what the recruitment process involves in this situation.

Recruitment is about matching a health professional's skills to a community's or hospital's needs. The process—and the issues it raises for the professional applicant—is similar for physicians, nurse practitioners, physician assistants, and nurse midwives. There are, however, a few key differences and these may be discussed.

Specific recruitment issues related to ethnic, gender, and cultural considerations are not addressed in this module, but the facilitator and participants are encouraged to raise issues that are relevant or of interest to the group.

## SECTION 3 CASE STUDIES/DISCUSSION QUESTIONS

### Case 1 Recruiting the Primary Care Physician

Dr. Browning was reluctant to leave the plane and waited until other passengers had gotten off. As he entered the Minneapolis-St. Paul terminal, he was at first relieved to see a modern airport. But the shock hit him quickly—about 25 cheering people with signs: "SASKAWAK, MINN. WELCOMES DR. BROWNING."

His first thoughts were doubts. How was he going to practice medicine without the equipment he had learned on? What if he had a patient presenting symptoms unfamiliar to him? Are there competent physicians close by with whom to consult? Does this community have television, movie theaters, things to do?

During the past year, Dr. Browning had received between three and seven recruitment letters a day from recruiters, communities, and state and federal agencies. Saskawak sent him photographs of people in the community for whom the practice made a difference. The newspaper clippings also touched on the community's need for a physician. A friend of a classmate called him and said positive things about the town. After talking with the practice administrator and the chief of the medical staff at the local hospital, Dr. Browning agreed to come for a site visit.

He spent a lot of time visiting the area hospital while his wife and children tagged along. Dr. Browning had a positive first impression, and he said as much to the administrator. The administrator suggested that they talk next week about the outlines of a contract. The contract would be typical—not generous, but average, given the practice's constraints. The administrator indicated the job was his if he wanted it.

The flight home was uneventful. That night, his wife said, "No Saskawak." The next day, Dr. Browning was filled with questions and doubts. Not only was his wife uncomfortable with the place, but she also questioned, for lack of specifics, the validity of the offer. That evening, Dr. Browning declined the position.

1. Summarize the facts in this case. What steps were taken by each party in this recruitment process? (See handouts Interview Questions Recruiters Typically Ask Physicians and Types of Assistance Extended to Physician Recruits.)

2. Were these steps sufficient? If you were Dr. Browning, what else would you have liked to have done or seen? Why or why not?

3. What kinds of things do you think Dr. Browning's wife might have been questioning?

4. Write down the main characteristics of your ideal practice site or sites. (See handouts Financial Assistance a Hospital or Practice May Provide and Autobiographical Information You May Want to Convey.)

5. Suppose you are looking for a place to practice and have been invited for a site visit. How best can you utilize your time during your visit? What questions can you ask?

## Case 2 Recruiting the Physician Assistant or Nurse Practitioner

The practice in Saskawak also was recruiting for a physician assistant or nurse practitioner to complete the staffing of its health care team. Ms. Hernandez was a physician assistant and had heard about the opportunity in Saskawak from a former faculty member. She talked with the administrator and submitted a resume. When she received an invitation to interview, she was very excited.

She spent two days visiting and observing and was very impressed. She came away with three impressions: (1) she would be accepted as a physician assistant, (2) she would be given the right balance between freedom and control in her professional role, and (3) she would have a role to play in the hospital, not just the practice. She was offered the position and accepted it.

1. Summarize the facts in this case. What steps were taken by each party in this recruitment process? (see handouts Interview Questions Recruiters Typically Ask Physicians and Types of Assistance Extended to Physician Recruits.)

2. Were these steps sufficient? What else would you have liked to have done or seen? Why or why not?

3. What kinds of things do you think Ms. Hernandez's spouse might have been questioning?

4. Write down the main characteristics of your ideal practice site or sites. (See handouts Financial Assistance a Hospital or Practice May Provide and Autobiographical Information You May Want to Convey.)

5. Suppose you are looking for a place to practice and have been invited for a site visit. How best can you utilize your time during your visit? What questions can you ask?

6. In recruiting for a nurse practitioner, physician assistant, or nurse midwife, how might the process undertaken by Saskawak be similar to that of recruiting for a physician? How might it differ?

## SECTION 4 SUGGESTED ANSWERS

Although the written answers to Questions 1 through 5 respond directly to Case 1, all of these questions may be adapted to Case 2. Question 6 applies only to Case 2.

1. *Summarize the facts in this case. What steps were taken by each party in this recruitment process?*

   The key events included:

   - Receipt of a good marketing package from the community
   - A phone call from a school connection
   - Initial phone conversations between Dr. Browning and the practice administrator and hospital medical director
   - A site visit, during which Dr. Browning spent a lot of time at the local hospital
   - A job offer, but details were not elaborated upon

2. *Were these steps sufficient? If you were Dr. Browning, what else would you have liked to have done or seen? Why or why not?*

   *Probe:* Would you have wanted to meet with other physicians and nurse practitioners at the site, other practice staff, the practice's board, and local leaders such as the mayor or a banker? Why or why not?

   *Probe:* Would you have wanted to tour the community with a realtor, go shopping, visit some local entertainment places, or visit local school systems? Why or why not?

   *Probe:* If you were the applicant, which of these would be important to you and to what degree?

   - Amount of time you would be spending in an inpatient setting
   - Amount of time you would be spending in an outpatient setting
   - Salary
   - Location
   - Opportunity to make a difference in the community
   - Career, personal, and social needs of your spouse or significant other
   - Your children's needs
   - Quality of the environment
   - Small-town atmosphere
   - Demographic and cultural considerations
   - Teaching/research opportunities

*Probe:* Are there other things that would be important to you before deciding whether to locate in a particular practice? What are they?

*Probe:* Do you think Dr. Browning had thought very much before he visited Saskawak about specific preferences in practice settings, types of patients and the like? How much would it matter what his personal preferences might have been?

Dr. Browning appeared to like the small-town environment, the hospital, and the community's outpouring of attention. We do not know whether he gave much thought to his preferences for primary care practice, but we might infer that he did not from his initial willingness to consider accepting the position based on little concrete information.

Things that are important to applicants include the amount of clinician-to-clinician contact, the degree to which the community or practice site meets the applicant's (and family's) holistic needs, and the offer of a competitive contract in terms of salary, benefits, and job responsibilities. Job performance expectations might include such things as number of patient encounters per year generated, administrative responsibilities for directing the clinical staff, meeting accreditation standards, ongoing development of cultural awareness and competencies, implementing quality assurance, and assisting the board in setting annual health plan goals.

It is also important to leave the situation with specific and elaborated information on points to be included in a contract, including salary, benefits, continuing medical education time, locum tenens arrangements, malpractice insurance coverage, time expected in the hospital versus at the practice, and the existence of any performance-based incentives.

3. *What kinds of things do you think Dr. Browning's wife might have been questioning?*

She may have many unanswered or poorly answered questions about her personal needs—career, schools, lifestyle, housing, recreation, and sense of social connection. She may also have doubts about how believable the community's presentation was.

4. *There are many different places, organizations, and situations in which you could practice primary care. Spend a few minutes writing down the characteristics of your ideal practice site or sites. Do not worry whether some things you write are incompatible, such as both urban and rural. Just write down characteristics that are attractive to you (and that might be attractive to your family).*

(Participants should make a list.)

*Probe:* Which of these practice site attributes have you written down?

- Private practice vs. clinic vs. hospital vs. academic

- Urban vs. suburban vs. metro rural vs. rural vs. frontier
- Government vs. private vs. quasi-government run
- Mix of hospital inpatient, outpatient, and practice
- How the medical staff is structured, your place in that structure
- Mix of administrative and clinical responsibilities
- Region of the country (or world)
- Proximity to or involvement in a university medical center or teaching hospital
- Patient mix in terms of needs and demands, age/race/gender, economics, or language
- Research vs. direct patient care vs. teaching

*Probe:* How do you begin to narrow down your list of options? How do you begin to set some priorities for yourself (and for your family)?

*Probe:* What are some of the realities of practice for a solo physician in an underserved area?

*Probe:* How do you feel about caring for patients who are unable to pay for their care?

When you've determined your ideals, you must set priorities and decide what you will settle for. It is important to be clear about (1) how you want to practice primary care and (2) how you and your family want to live your personal lives.

5. *Suppose you are looking for a place to practice and have been invited for a site visit. How best can you utilize your time during your visit? What questions can you ask?*

*Probe:* What things do you want to make sure you do? What specific kinds of clues might you look for that would give you a sense of whether this practice opportunity was for you?

Spend some time as a group delineating specific questions an applicant might ask during the site visit. See the handouts for this subtopic for a sample recruiter interview protocol, recruitment assistance offered, incentives to consider, and autobiographical information to convey.

Examples of questions you might ask:

- What will be my expected workload?
- What is the reputation and quality of the local hospital, medical staff, and private practice physicians?
- What is the practice's reputation in the community, at the hospital, or with local physicians?
- What are the strengths and weaknesses of relations between the practice, the hospital, other clinicians, and the community?

- What is the salary or guaranteed salary you are offering? What other major points will be included in a contract you would offer?
- Do patient fees adequately support the practice opportunity? If not, what funds are available to support the practice opportunity, and how secure are these funds?
- What is the amount of time I would be expected to practice in the hospital?
- What is the availability of backup coverage, support staff, and diagnostic capabilities?
- What is the demographic background of the patient population, and am I prepared and comfortable to provide care in such an environment?
- What medical specialties are available in the community, and where do physicians typically refer for consultation on complicated cases?
- What are the hospital administration's philosophy and attitude toward my particular specialty and subspecialty?
- How do the medical staff members get along with each other?
- Is input sought from staff? If so, how?
- How does the provider staff interact with the practice administration?
- Are there any labor issues with the staff of the practice?
- Is administrative time available for staff meetings, chart review, and other paperwork?
- Where can clinicians go for continuing medical education?
- I am concerned about being isolated—professionally and culturally. Are there things you can point to that would ease my concerns?
- What professional opportunities exist for my spouse?
- What is the cultural background and history, and how might cultural issues affect day-to-day operations?
- I am starting with a major financial burden from student loans. What can the practice, hospital, or community and state do to help me meet these financial needs as well as new ones I will incur, if, for example, I buy a house?
- What is the quality of the schools?
- What is the availability of good housing to rent or own?
- Is there a place I can practice my religion?
- What will the procedure be after the interview has taken place? What are the next steps?

*For nurse practitioners, physician assistants and nurse midwives:* What is the degree to which I will be accepted as a full partner in the health care team by the physician, health center staff, hospital, and community? What are the reasons why I will be accepted?

*For family practitioners:* Will I have responsibility for delivering babies?

6. *In recruiting for a nurse practitioner, physician assistant, or nurse midwife, how might the process undertaken by Saskawak be similar to that of recruiting for a physician? How might it be different?*

*Probe*: What clues should you look for to gauge whether this practice site might be a good opportunity for you?

The steps of the process are largely the same, although less time probably would be committed to a site visit. In addition to the general concerns and questions discussed in Question 5, nurse practitioners, physician assistants, and nurse midwives would also be concerned about the following:

- Will there be opportunity to practice fully, given my professional expectations and training?
- Will I have hospital responsibilities?
- How accepting are the community, hospital, and practice of the health care roles and responsibilities of nurse practitioners, physician assistants, and nurse midwives? Is there a history of acceptance?
- Is the facility really supportive of nurse practitioners, physician assistants, or nurse midwives, or is it hiring them only because it has to meet reimbursement requirements?
- How does the administration see its revenue-generating potential?
- Am I eligible for productivity-based incentives?
- What is the experience of the primary supervising physician with nurse practitioners, physician assistants, and nurse midwives? Who provides backup supervision?
- What state clauses and regulations exist? What kinds of licenses are necessary? What types of certifications do I need?
- What level of trust does the physician display toward other health care professionals?
- How many non-physician clinical staff are there?
- How do nurses, physicians, physician assistants, and nurse practitioners interact?
- What is the style of decision making in the practice?
- How much freedom, flexibility, and input does it appear that non-physician clinical staff have?
- Are written protocols available for nurse practitioners, physician assistants, and nurse midwives in the practice? If they work independently, how available are consulting or supervising physicians for backup?

## SECTION 5 SUGGESTED READING


1. Grayson MA. Physician recruitment takes center stage. *Hospitals*. 1989;63(7):30,32–34.
   Describes how typical hospital administrators recruit physicians and the changing trends in hospital physician recruiting strategies.

2. Hacker J, Dodson D, Forthman MT. *A Marketing Approach to Physician Recruitment.* Binghamton, NY: The Haworth Press; 1994.
   Presents the basics of recruitment from the perspective of a hospital and includes information on community health assessment for health professional recruitment, planning for changing physician resources, contracts, incentives, and the role of recruitment firms and agencies.

3. Hafferty FW, Goldberg HI. Educational strategies for targeted retention of non-physician health care providers. *Health Serv Res*. 1986;21(1):107–125.
   Examines the impact of a community-based training program on the likelihood that nurse practitioner and physician assistant graduates would establish their practices in underserved areas. The decentralized educational process was found to be the most important predictor of graduate retention, and previous life experience in the specific underserved area was another important factor.

4. Interhealth Systems. *Nine Steps to Successful Physician Recruitment*. Grand Forks, ND: University of North Dakota School of Medicine, Office of Rural Health; 1986.
   Details specific steps communities should follow to recruit physicians, including determining need, marketing your practice and your community, finding physician candidates, making the first contact, checking references, arranging the site visit, working out the financial aspects, following up, and getting your physician to stay. Available in the government periodicals section of a library or by contacting Interhealth Systems, North Dakota School of Medicine, 501 Columbia Rd, Grand Forks, ND 58201. 701-777–3848.

5. Lindeke LL. *Creating Your Dream Job in Your Chosen Community*. Collaborative Rural Nurse Practitioner Project. June 9, 1999. http://www.nursing.umn.edu/professional/marketing/.
   A learning module to help nurse practitioners to determine their personal goals, strengths, and career objectives.

6. Koska MT. Physician recruiting 101: Avoid the classic mistakes. *Hospitals*. May 20, 1990;64(10):46ff.
   Unlike CEO candidates, who rarely turn down job offers, four out of five physician candidates will turn down an offer from a hospital. This article presents some common mistakes hospitals make when recruiting physicians.

7. Mainguy S, Crouse BJ. Maternity and family leave policies in rural family practices. *Minn Med*. 1998;81(9):22–24.

Highlights a study of American Academy of Family Physicians members about the status of family leave policies, concluding that a lack of family leave policies may be a deterrent among women considering practice in a rural community.

8. Rabinowitz HK, Diamond JJ, Markham FW, Hazelwood CE. A program to increase the number of family physicians in rural and underserved areas—impact after 22 years. *JAMA*. 1999;281:255–260.

Describes a study on the direct and long-term impact of the Physician Shortage Area Program of Jefferson Medical College on the rural physician work force.

9. Sears Williams L. The right fit. *American Medical News*. American Medical Association. June 14, 1999. http://www.ama-assn.org/sci-pubs/amnews/feat_99/feat0614.htm

Details the need for job-hunting health providers to carefully look at potential practices and partners to find a good match with a health care practice.

## SECTION 6 AUDIOVISUAL RESOURCES

1. **NHSC: Serving America's Communities (15 min).** Videotape that accompanies these modules, providing an overview to the personal and professional challenges and rewards facing community practitioners. Available on loan from State or Regional Primary Care Associations, State Cooperative Agreements, Area Health Education Centers, State or Regional Clinicians' Networks or Department of Health and Human Services (DHHS) Regional Offices. Additional copies are available through the AMSA Resource Center, 1902 Association Drive, Reston, VA 20191.

2. **Quality of Care for the '90s (video, 10 min).** Provides an introduction for health professionals to community, migrant, and homeless health centers and the practice opportunities at these primary care clinics.

   Author/Developer: National Association of Community Health Centers

   Contact: NACHC, 1330 New Hampshire Avenue NW, Washington, DC 20036. 202-659-8008. NACHC also may be contacted about specific opportunities to pursue practices in community or migrant health center sites.

3. Videotapes prepared by your state's primary care association or regional Public Health Service (PHS) office dealing with practicing in an underserved area. You may obtain the address and telephone of your state's primary care association or regional PHS office from the Bureau of Primary Health Care, Primary Care Division, 5600 Fishers Lane, Parklawn Building, Rockville, MD 20857. 301-443-7105.

## SECTION 7 HANDOUTS/OVERHEADS

# INTERVIEW QUESTIONS RECRUITERS TYPICALLY ASK PHYSICIANS

**(Adapted from a document by the North Carolina Office of Health Resources)**

1. Where did you grow up? In what size community?
2. Why are you leaving your present location (if not in training)?
3. What do you consider your strongest attributes —clinical as well as personal? What do you consider your strongest weaknesses? How would you describe the way you relate to others?
4. What are the needs and concerns you have for yourself, your spouse, and/or your family?
5. What do you feel is the optimal size practice in which you would like to practice (number of providers)?
6. If you could create the ideal practice, what would it be like?
7. How many patients per day do you consider to be the optimal number to see in the office?
8. Are you seeking a permanent practice opportunity at this time?
9. What are your long-term practice goals?
10. How do you feel about a long-term salaried position within a nonprofit corporation operated by a Board of Directors (if appropriate)?
11. How strong are your administrative skills? Does medical and/or site directorship interest you?
12. Are you willing to accept Medicare and Medicaid assignment?
13. Generally, how do you feel about caring for patients who are unable to pay for their care?
14. What salary or guarantee (if appropriate) do you expect to earn during the first year?
15. (For family practice physicians) Given the opportunity, are you interested in delivering babies? If not, are there circumstances in which you would deliver?
16. (For internists) Under what circumstances are you willing to see children in the office or emergency department? Would you be comfortable doing this?
17. How important is a hospital practice to you? How much time are you willing to spend driving to the hospital?
18. What are your goals regarding continuing medical education?
19. Have you had any malpractice suits brought against you? If so, how were they resolved? Are there any suits pending?

# TYPES OF ASSISTANCE EXTENDED TO PHYSICIAN RECRUITS

**(adapted from Lewitt)**

1. Realtor to show candidate around community

2. Banker to discuss possible line of credit, mortgage

3. Certified Public Accountant to assist in establishing a practice from a business perspective

4. Insurance professional to discuss malpractice, liability, homeowners, and automobile insurance

5. Specialized materials containing information about the hospital, clinic or private practice, its competition, growth plans and future, and the characteristics of its medical staff and personnel

6. Visit to local supermarket to help the candidate gauge the cost of living relative to his or her present situation

# FINANCIAL INCENTIVES A HOSPITAL OR PRACTICE MAY PROVIDE

1. Office rental

2. Office help, such as someone to answer phones, do billing, take care of scheduling, oversee purchasing, keep charts, contract with laboratories and the like

3. Guaranteed income, usually tied to some indicator of performance

4. Cosignature on a bank loan or mortgage

5. Moving expenses

6. All or part of insurance costs, especially malpractice, health, disability, life

7. Equipment and supply costs

8. Professional dues and training

9. Paid vacation and continuing medical education (CME) time

10. Deferred compensation plan or other retirement benefit plan

# AUTOBIOGRAPHICAL INFORMATION YOU MAY WANT TO CONVEY TO THE RECRUITMENT COMMITTEE

1. Credentials
2. Board certification
3. State licensure
4. List of professional references (including chief of staff of hospitals where you have had privileges, local/county medical society, hospital administrator, colleagues, director of residency program, faculty member)
5. Emergency department experience
6. Community experience related to health care
7. Significant rotations out of the residency setting
8. Marital status
9. Spouse's/children's needs
10. General interests and hobbies
11. Salary and benefits needs
12. How you think your personality and attitude match up with the practice opportunity at this particular site
13. Mix of hospital-based vs. clinic or private practice you want

**SUBTOPIC 3**

**COMMUNICATION**

**TIMELINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentation and Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, dental health providers, nurse practitioners, physician assistants, nurse midwives, and students. This subtopic may also be used as a self-study for health professionals in training who are considering their practice decisions.

By the end of this discussion, participants should:

1. Identify effective strategies for communicating with peers
2. Identify listening skills for effective patient care that also apply to workplace relationships
3. Evaluate one's own strengths and weaknesses regarding listening and expressing oneself

## SECTION 2 OVERVIEW

Communication traditionally has centered on the *content* of the message. However, to be an effective communicator in today's diverse workplace, one also must attend to the presentation and impact of the message. One-way communication that instructs rather than coaches and invites feedback easily can sabotage the goals at hand. Similarly, neglecting to consider the variety of backgrounds and perspectives of one's communication partners is often counterproductive. This section focuses on learning and sharing the successes and pitfalls of communication.

## SECTION 3 CASE STUDY/DISCUSSION QUESTIONS

### Communicating with Peers

Roberta felt welcomed warmly as a new primary care physician at Schumacher Health Center despite being 15 years younger than any of the other physician providers. Early on, there appeared a bit of parental attention from her peers, but it seemed well-intentioned and helped ease the transition.

Four months into her new job, one of the older providers pulled her aside to give her some "friendly advice." "You should stop letting the staff call you Bobbie and insist they refer to you as Doctor. We need to maintain a professional respect in the center and even though you're closer in age to most of the staff, you shouldn't let them get too friendly; it interferes with work." Roberta was stunned. She didn't respond but went on about her work.

The next month, during a medical staff meeting, the senior physician brought up the issue of staff support of the doctors. Specifically, he was concerned that the staff clamored to get to work with Roberta and seemed less enthused about being assigned to the rest of the doctors. "You've favored them and become so friendly and close that it's interfering with our teamwork," he said. Roberta responded calmly that she felt treating staff with respect, listening to their issues, and showing concern for their lives and family simply was good employee relations. Other doctors chimed in and encouraged her to be cautious, but it did not seem a big deal overall.

That same month, in the course of following up on patients of two of the doctors who were out, Roberta became concerned with some of the treatment plans and medication being used by her peers. She changed the medications on one patient and rescheduled another for testing. When the physicians returned, she left the charts on their desks with notes explaining what she did. At the next medical staff meeting, her decisions became the topic of discussion: "We've been in practice a long time and seeing these patients for some time, and we would rather you not change our treatment regimen without consulting us first." Roberta heard hostility in their voices but responded calmly that several new studies indicated different medications might be the treatment of choice here, and that one of the patients had not had follow-up testing as suggested by standard national protocols. Her explanation did not seem to placate them, and they responded tersely, "just trust our judgment, not all the new stuff is as good as you might think." Roberta dropped it as they went on to another topic.

For the rest of the month, Roberta felt working relationships to be somewhat icy and tense, although no one said anything in particular. Staff members asked Roberta several times if she was okay. She wondered if she was behaving differently. She decided to call an old classmate and seek some advice.

1. Summarize the communication challenges in this case as you see them.

2. Is Roberta's best choice simply to adapt to the expectations for a while until she builds more credibility? Should she adapt her expectations as they relate to staff relations and clinical issues? Why or why not?

3. If Roberta chose to further discuss these issues with her peers in an attempt to reconcile her feelings, how should she proceed?

   - Where would you start?
   - Would you approach a single peer for counsel or the entire group?
   - Would you try to address all the issues or pick one about which you felt the most concern?
   - Have you ever been in a similar situation—where you felt you had good ideas being dismissed by more experienced co-workers?
   - Did you live with it or open discussion about your feelings?
   - What approaches would you use? For example, "I need your help/clarification?" "I don't appreciate this treatment?" or "What have I done wrong?"
   - What outcomes might she reasonably expect?

4. If you were the classmate Roberta called, how would you respond to her situation? How much and what kind of advice do you think would be helpful to Roberta?

## SECTION 4 SUGGESTED ANSWERS

*1. Summarize the communication challenges in this case as you see them.*

Discuss potential effects from the generation differences and/or gender differences between Roberta and senior staff.

Key generation differences and their effects can include variations in level of formality to create tension and rivalry. Roberta's openness to new clinical approaches is a challenge. Variations in collaborative skills create differences in how Roberta and the other physicians view support staff.

Key gender differences may be that Roberta may feel more comfortable than the other physicians with female support staff, or that Roberta may be isolated as the only female physician.

*Probe:* Have you ever felt this kind of communication problem on a rotation or clerkship? Do you think that gender is still an issue in the workplace? What kinds of differences do you see between communication styles of younger and older clinicians?

List three things that Roberta could have done in each situation to ease the communication problems. For example:

The first name issue:

- Explain why using first names with adult peers promotes teamwork
- Discuss why she may have been more comfortable using first names
- Explain discomfort with distinctions based on titles with colleagues while recognizing that patients will usually call her Doctor

Conflict over support staff preferences:

- Suggest that providers and support staff meet to discuss how to work together better
- Design a formal rotation of support staff/provider assignments
- Discuss whether the team was made up of only health care providers or the entire staff

Changes in patient care management:

- Ask to use some staff meeting time to discuss management of common problems and establish standard protocols for the practice
- Find out more about the practice styles of the other providers
- Try to work out a way to introduce new ideas without alienating the other providers, like planning continuing education or grand rounds

*Probe:* Did Roberta actually err in changing the medications on another physician's patient? Under what conditions is this okay? When should you hesitate?

*Probe:* What issues are related to communication? What issues are related to clinical management?

Discuss vital skills of listening, asking open-ended questions, using collaborative language, asking follow-up inquiries, and asking for specific examples.

*Probe:* What inquiries might she make to further understand the reaction of her peer providers?

2. *Is Roberta's best choice simply to adapt to the expectations for a while until she builds more credibility? Should she adapt her expectations as they relate to her staff relations and clinical issues? Why or why not?*

Discuss the pros and cons of establishing credibility as a provider and co-worker before trying to challenge the status quo. It is worthwhile to differentiate among challenging practice norms about relatively minor issues, such as asking staff to call her by her first name, and making unilateral changes in patient care management of other providers' patients. New health professionals may be inclined to try to change everything they encounter that is not consistent with their ideas about ideal practices. It is important to remember that when one joins a practice, there is an established system of norms and relationships that carries more weight than the initial assessment made by a newcomer.

*Probe:* What area of conflict is most important? What area is most important in general? What area is most important to Roberta? What area is most important for teamwork? What area is most important for patient care?

There are choices that each person must make as he or she learns to get along in a workplace with a diverse group of people. Health care providers can use some of their clinical skills, such as active listening, surveying, and reflection, to facilitate this process. It would be helpful to elicit the expectations of colleagues and to probe to get a complete picture of the situation. Feeding back information for validation and clarification can prevent misunderstandings.

*Probe:* What does a person gain by pacing herself/himself in the workplace when there are practices that should be changed? What does he or she loose? Making a problem list for an organization can structure a plan for better communication. How?

Inquire about what level of "assertiveness" might be appropriate.

*Probe:* What are the risks and gains of being assertive with her peers?

3. *If Roberta chose to further discuss these issues with her peers in an attempt to reconcile her feelings, how should she proceed?*

Discuss the advantages of a well-thought out plan for discussion of difficult issues with peers in the clinical setting. Ask participants to give some examples of communication problems they have experienced, and how they approached the issues.

*Probe:* Where would you start? Who would you seek out for counsel, one of the respected members of the group? What approaches would you use? Some suggestions:

- "I need your help understanding this..."
- "I'm concerned about the clinical treatment approaches and need some help about how to approach this touchy subject."

Discuss the strengths that clinicians have for eliciting patient response and listening carefully. These same skills work with peers.

All interventions for change have outcomes. Before launching a plan for making changes in how people communicate, it is wise to consider both the positive and negative results. By considering possible outcomes of her actions, Roberta may be able to cause changes that would improve communication with her co-workers.

*Probe:* Suggest a strategy and hypothesize about possible outcomes, both positive and negative. What could be done to make a more positive outcome possible? What are the risks?

4. *If you were the classmate Roberta called, how would you respond to her situation? How much and what kind of advice do you think would be helpful to Roberta?*

Roberta does not have sympathetic peers at the Schumacher Health Center. She is looking for support from someone who knows her and shares her values. She also will benefit from discussion with someone who has experienced similar educational and clinical experiences.

*Probe:* A friend would find out what else is going on in Roberta's life. Why? Why does Roberta want to know her classmate's experience? Can she sort out personal and professional issues?

Roberta's classmate would allow her friend to take plenty of time describing the situation and ask questions that would fill in the gaps. The friend's questions could elicit not only what has been happening but also how Roberta is feeling and what she anticipates from her colleagues at Schumacher.

*Probe:* Does Roberta feel isolated in her work, or does she get sufficient support from the non-provider staff? Can the classmate find out what is most troubling to Roberta? What kind of experiences do they share?

Giving advice from a distance, especially without a complete idea of the other person's situation, often is very difficult. The classmate could provide warm support for Roberta while giving some basic suggestions for improving communication in a new work environment.

*Probe:* Could they make a plan for addressing one problem, such as the clinical management issue, that has a patient care component as well as a peer communication component? A new provider faces many challenges and may be torn between wanting to change everything at once and abandoning the non-sympathetic peers. What can Roberta gain from keeping the channels of communication open? List three suggestions the classmate could give, such as informal lunches with peers, a clinical management conference, demonstrating her ideas about good communication with support staff without badgering other providers, and so forth.

For more information about cultural perspective, ethnocentrism, communicating respect, and non-verbal communication that supports and enhances the concepts presented in this module, see the *Cross-Cultural Issues in Primary Care* module. For more useful information about the nature of groups, discussing and questioning, and strengthening the effectiveness of group norms, see the *Discussion Leader Guide*. Strengthening effectiveness of communication and culturally competent communication can plan a key role in personal and professional development—a learning process that continually unfolds with each new encounter.

## SECTION 5 SUGGESTED READING


1. Cohen A, Bradford D. *Influence Without Authority*. New York: John Wiley and Sons; 1990.

   Presents an approach to gaining credibility, building alliances, and learning background as a foundation for selling ideas.

2. Fisher R, Ury W. *Getting to Yes: Negotiating Agreement Without Giving In*. New York: Penguin; 1992.

   Presents simple fundamentals for dealing with disagreement and communication of differences in a non-threatening manner.

3. Northouse PG, Northouse LL. *Health Communication: Strategies for Health Professionals*, 3rd edition. Stamford, CT: Appleton and Lange; 1997.

   Written by experts in nursing and communication, aims to improve provider-patient communication with a new chapter on multicultural issues for clinicians.

4. Phillips D, Wallace L. *Influence in the Workplace: Maximizing Personal Empowerment.* Dubuque, IA: Kendall-Hunt; 1992.

   Detailed discussions of core communication skills and influence strategies are highlighted by case studies. Presents specific language and strategies for disagreeing with diplomacy.

5. Trenholm S, Jensen A. *Interpersonal Communication*. Belmont, CA: Wadsworth; 1996.

   Case studies and research give clues to the why and how of verbal interaction.

6. van Servellen G. *Communication Skills for the Health Care Professional: Concepts and Techniques.* Gaithersburg, MD: Aspen Publishers; 1996.

   Includes principles and concepts of communication for patient-provider, family-provider, and provider-provider relationships. There is an emphasis on cultural sensitivity and competence that is essential for current health care practice.

## SECTION 6 AUDIOVISUAL RESOURCE

1. **Assertive Communication Skills for Professionals.** Four-volume video series.

   Contact: Career Track, Boulder, CO. 800-334-1018.

**SUBTOPIC 4**

**HEALING THE HEALER**

**TIMELINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentations and Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, dental health providers, nurse practitioners, physician assistants, and nurse midwives. This subtopic may also be used as a self-study for health professionals in training who are considering their career decisions.

By the end of this discussion, participants should:

1. Identify reasons for maintaining a balance between personal and professional commitments (benefits to the professional and to the service community)

2. Evaluate one's own strengths and weaknesses regarding managing time and stress

3. Recognize some options for creating balance and managing stress effectively:

    - Working efficiently as well as setting limits for oneself at work
    - Creating and maintaining commitments that fulfill personal needs
    - Sharing balancing strategies, keeping the communication lines open (with peers and/or loved ones)

4. Distinguish personal activities that replenish and balance out work life

## SECTION 2 ICE BREAKER

This exercise is designed to allow participants to learn how to handle their stress. It is adapted from "Hardiness, Versatility, Creativity: Exercises on Stress Management," by Les Wallace, Ph.D., 1998.

### Traditional Coping Techniques

This exercise describes five traditional coping techniques that are often counterproductive to healthy living. After reading each description, answer the question.

A. **"Victim Syndrome."** Lots of us like to think of ourselves as victims, suffering without control over our life's events, subjected to the whims and fancies of others without recourse. The "*Oh poor me, I've been taken advantage of again"* approach is a popular coping mechanism because it gains you sympathetic attention from peers. This is a dangerous means of trying to resist stress, because it fails to face up to your own capability to gain control over your life.

*How do you use this coping technique?*

B. **"Past and Future Anxiety Syndrome."** Many of us spend much of the time thinking about (worrying about) the future disasters that might befall us or reminding ourselves (and often regretting) the past. Not only does this mental anxiety eat up positive energy and compound our tension, it also prevents us from developing a "present awareness" necessary for gaining control of the here and now. Fix, don't blame!

*How do you use this coping technique?*

C. **"Abiline Paradox Syndrome."** Our lack of assertiveness and the inability to say no allow our gates to stay open for additional stressors. How often do we find ourselves in commitments because we were unable enough to say "no thank you, not this time," or we fail to recognize that having priorities and standing by them is okay? Those of us who feel we must please everybody and fail to speak our piece cope with the stress it produces by feeling we are irreplaceable or by feeling we don't want to hurt someone's feelings.

*How do you use this coping technique?*

D. **"Physical Extremes."** Very few of us are not guilty of this coping mechanism. The tendency is to stop exercising completely, crawl in bed, and try to sleep our stress away, or eat and drink to excess. Taking no rest (working on days off, 12 hours a day, skipping vacations) and working through lunch also are used as "signs of ourselves" that we're coping with stress by sacrificing in order to get it all done.

*How do you use this coping technique?*

E. **"Lot in Life Syndrome."** In the movies, at the next table in the restaurant, that co-worker over there, they all seem to have the good life. Everybody is happier than me, and it must be my lot in life to not have access to the opportunities others have. "I've had bad luck!" "I get hit so hard because I can take it and others can't, I need to carry the ball." "I don't have the tools, capacity, intelligence, good looks, and money to break out of this life!" "I must passively accept this!" "I must carry this burden, be tough."

*How do you use this coping technique?*

F. Other syndromes we use.

This section is open for participants to add their own syndromes.

## SECTION 3 OVERVIEW

Life, at work and away from work, is a process of constant movement in which the challenge is to move gracefully and live fully through the changes. Health care professionals experience the additional stress and urgency created by caring for others who suffer from physical, mental, and social problems. In the short term, caring for those in need may either fuel or drain the professional. It is clear, however, that primary care practice over the long haul requires a strong ability to care for one's self as well as for others.

In balancing one's personal and professional lives, the clinician should avoid equating the volume of work activities with one's intrinsic worth. Problems and crises, at home and at work, can be viewed as symptoms signaling a need for greater balance in one's life. The following case studies and discussion delve further into promoting the health of the healer.

## SECTION 4 CASE STUDIES/DISCUSSION QUESTIONS

### Case 1 Balancing Personal and Professional Lives

It had been an intimate and relaxed New Year's Eve with Jane and a great New Year's Day with the kids. The holiday was just what Ivan had needed after the tension of the preceding months.

Back at work in early January, Ivan found himself reflecting on the year that had just ended. He had been at his new job as a family physician just under a year and still wondered when things would settle down. He had jumped into the job zealously, seeing patients by day and being on call by night. Recently, Ivan had joined health center committees and participated in community and hospital events promoting health for the local rural population. He found it hard to say no to these events when he reflected on the dismal health statistics of the area. Although he was thrilled to be needed and was learning from his new experiences, Ivan felt that he had lost control of his time. He worried that the center director would continue to make additional demands on him.

Life at home also was frustrating for Ivan. Most of the move to the new town had been left to Jane while he'd come ahead for two weeks of orientation. Now that they were settled in and both kids were in school, Jane was resentful of his rigorous schedule. She had her own career interests and Ivan knew that soon she would find work in her field and need him to be more involved at home. As it was, the children could not get enough of him, and he gave them all of his precious free time. In spite of his best efforts, the current stress in his life shrouded his normal playfulness.

During his lunch break that day, Ivan closed the door to his office and decided to start to make some changes. If he were a happier person, those close to him would also benefit. He would begin by setting some limits at work and by making more commitments to himself, to Jane, and to his children. By the end of his lunch, he had made a two-column list—on the left were tasks and activities to begin taking off his plate, and on the right were interests and activities to add. Having a more balanced lifestyle was his New Year resolution.

1. What are some potential consequences for Ivan and for his patients if he remains over-committed at work? What might be the consequences for Ivan and his patients if his life becomes balanced? What are the consequences for his family?

2. How might Ivan approach his health center administrator with his list in mind? How might he approach his co-workers?

3. What might be on the balancing list for you to put on and to take off?

4. What are some red flags that tell you the plate is overflowing or out of balance?

5. How do we give ourselves permission to say "no" to more work and "yes" to nourishing ourselves in other ways?

## Case 2 Community Involvement

Jane had always been active in civic affairs from the student council in school to the local homeless services advisory council during nurse practitioner training. She looked forward to an assignment in a community where she could continue her community leadership and be a good clinician and a good citizen as well. She felt that as a staff nurse with no management responsibilities, she would have time for her volunteer work.

Even while researching her community, she paid special attention to civic infrastructure and targeted several opportunities for volunteer leadership. Now that she had been in town six months, it seemed her strategy may have been too successful. She joined a service club to meet the "old guard" and was appointed to the city's police citizen advisory committee. Jane was appointed to the local human relations advisory committee and the regional clinical network quality improvement committee.

Though she was feeling stretched, that had been her objective. Jane had another problem. It seemed that community leaders had misread her active and assertive efforts. Staff at the health center felt they got less of her time than did her community activities. They were unhappy with how Jane spent her lunch reviewing committee notes and making phone calls for her volunteer responsibilities.

The health center administrator had been approached by the chief of police about Jane's "uncompromising" attitude toward police-community relations, saying, "She's not in the big city anymore. We're stuck with her on the committee for a while, but someone's got to tone her down. My whole department feels she's an adversary."

When the administrator quietly sought out more feedback from community leaders, she found that they thought that Jane said that the health center did not do enough for seniors, and that some of the other providers may be using out-of-date treatment methods. Several members of the human relations committee felt Jane was right on target and liked her "no compromises approach." The city manager, on the other hand, felt that Jane was setting back efforts to address local diversity issues.

When approached by the administrator with this feedback, Jane was taken aback. How had her good intentions been so misinterpreted? How could people be so ungrateful when she was giving so much of her precious personal time to the community? Maybe this was a sign she should just go full throttle ahead, that she was on the right track. Or maybe she should pull out completely, if that is the way they feel, and focus on larger issues outside the community. She knew something had to be done.

1. What might have gone wrong with Jane's good intentions?

2. What are some positive options Jane might take based on this feedback?

3. When getting involved in the community, what strategies might better ensure that good intentions are not misunderstood or misinterpreted?

## SECTION 5 SUGGESTED ANSWERS

### Case 1 Balancing Personal and Professional Lives

1. *What are some potential consequences for Ivan and for his patients if he remains over-committed at work? What might be the consequences for Ivan and his patients if his life becomes balanced? What are the consequences for his family?*

   Ivan has stopped to take stock after almost a year of practice in a new setting. Up to this point, he had attempted to be available to meet every expectation for a new physician—complete availability for clinical care, hospital involvement, and community service. He is concerned about the health of the community as well as its individuals. He is exhausted, unhappy, and beginning to feel that he is not successful at work or at home. Ivan realizes that he may not be able to continue to provide quality medical care or to make important contributions to the community groups that he has joined.

   *Probe:* How have Ivan's commitments affected his medical practice? Do you think that he might be doing a disproportionate amount of on-call work? Why or why not? Do you think the patients are aware of Ivan's stress? How? How do you think Ivan will cope if he makes a major mistake?

   *Probe:* How do you think Ivan assesses the care he is giving his patients? How could he improve his clinical practice?

   The pressure to be involved in work at the expense of married and family life is common to many young health professionals.

   *Probe:* Do you think that Ivan's marriage is at risk? Why or why not? How can a spouse help someone like Ivan? What steps should Ivan take to reestablish a good relationship with his wife and his children?

2. *How might Ivan approach his health center administrator with his list in mind? How might he approach his co-workers?*

   Ivan has accepted clinical and community responsibilities as they were assigned without considering their effect on his professional and personal life. Now that he has made some decisions about how he would like to regain a sense of balance and purpose, he has decided to discuss his intentions and ideas with the administrator. This conscious approach will be a change for both Ivan, as the new staff physician, and for the administrator, who has grown used to Ivan accepting more responsibilities without question. Ivan would benefit from an approach that presents the advantages of his plan with an emphasis on his concerns for his patients and the communities and his interest in making decisions that will make his professional life compatible with his family life. Ivan's interest in making a plan that will enhance his ability to be productive and prevent burnout will show the administrator that the staff physician is committed.

*Probe:* What might be some successful points for negotiating more flexibility and control over work obligations? What can Ivan present as the positive aspects of his contributions? What can Ivan present as the negative aspects? Why do you think that Ivan is asked to do so much? How can careful consideration of what is important help Ivan's role on local committees?

*Probe:* How do you think Ivan is viewed by his co-workers? How do you think he is viewed by other clinicians at the hospital and in the community? How will Ivan's co-workers react if he is no longer available to accept every assignment?

*Probe*: How have you set limits for yourself and in what context? When you have set limits, and did it involve other people? How did they react? Have you observed a colleague in the process of setting limits or re-ordering his or her life? What makes it difficult to set priorities? What makes it difficult to balance a variety of personal and professional commitments? Can you make a difference without being overextended?

3. *What might be on the balancing list for you to put on and to take off?*

Each person must make individual decisions about what commitments and responsibilities take precedence. The list of interests and activities is not static; it is part of everyone's professional and family life. External changes such as relocation, a spouse's employment, new children, and restructuring in the workplace can force items on and off a balancing list. Likewise, changes within an individual, including new professional interests, the desire for more personal time, or a compelling hobby or cultural interest can determine decisions about how energy is directed.

*Probe:* How do you decide what is important in your professional life? How do you decide what is important in your work life? Whom do you ask for advice? Who are your role models? What advice would you give to Ivan about making changes in his life*?*

After one has made decisions about what belongs on a list of valued activities and concerns, the next step is to act to make changes.

*Probe:* What motivates you to act? Do you think that Ivan will be motivated to make changes once he has made his list? What are the barriers to making changes? What other people are affected by an individual's decision making? What other people are affected by Ivan's decision making? Who would be affected by your decision making?

4. *What are some red flags that tell you the plate is overflowing or out of balance?*

Ivan was fortunate that he sensed an imbalance in his life after less than one year in his new position. After many years of training, he was finally in a position where he could be of service to a community and to his patients. At the same time, his enthusiasm made him a natural choice for the health center administrator to consider whenever there was a new

project or assignment. Ivan was ambitious and altruistic, but his own anxiety told him that his professional life was spinning out of control. Being a perceptive and intelligent person, Ivan also knew that the quality of his work would be compromised if he was exhausted and overextended.

Ivan was aware that his wife was resentful of all of his outside obligations. He regretted not being able to enjoy his marriage and a true partnership with his spouse. His wife's unhappiness mirrored his own discontent. Ivan realized that a holiday, such as his recent New Year's, should not be the only time that he felt happiness in his home life. He wanted to have more balance.

*Probe:* List three ways that Ivan could tell that his work life was heading for a fall. What are the red flags at home? Do you think that Ivan has experienced being overextended at other times in his life? Why is it different now? Why is it different when a person is out of training? Why is it different when the person is married with children?

Primary care physicians in underserved communities are often called upon to be part of community health assessment projects, task forces, and educational efforts.

*Probe:* How do you think Ivan could be most productive in his community involvement? Who are his natural allies? Could he pair his involvement to link family and professional issues, such as joining projects at his children's school or selecting his involvements based on his spouse's interests?

Most professionals become overextended from time to time. The facilitator could give an example of times when he or she felt out of balance or overextended and explain how the problem was addressed.

*Probe:* Do you ever feel that your life is unbalanced? Do you ever feel that you are short-changing your spouse, your kids, or your parents? How can you tell when you are out of balance? Are there typical warning signs for you? How do you respond to these signs?

5. *How do we give ourselves permission to say "no" to more work and "yes" to nourishing ourselves in other ways?*

In the workplace, many people strive to give the impression that they can meet all challenges without compromises. These committed and ambitious professionals welcome new opportunities to participate in work-based and community activities that allow them to make a contribution, meet new people, and learn new skills. Often, the people most active at work also are overextended at home with additional responsibilities such as church/synagogue/mosque work, child care, and care of aging parents.

While sincere in their efforts, these people may have some of these responsibilities from the lack of ability to decline when asked to serve. Some people become aware that they are not performing well in any of their responsibilities when they are spread too thinly.

Other people get negative feedback from colleagues, supervisors, or family members that prompt them to cut back and learn to say "no."

*Probe:* How many obligations yield the right balance? Is it better to do well in a few settings or to just get by with many obligations? Who do you serve when always saying "yes?" Do you overvalue inclusion? Do you overvalue being asked? Do you feel that you are letting people down when you say "no?"

Our supervisors and colleagues are often unaware of our other interests, obligations, and commitments. Letting these people know about your family, religious, cultural, and community activities gives them a better idea of your availability for extra work assignments. Each person can develop a discernment process that supports rapid assessment of requests for involvement and promotes acceptance of only those tasks that are valuable to the individual, of service to the community, and consistent in demands and scope with available time.

*Probe:* Does saying "no" to some things make your "yes" more valuable? Do you feel comfortable sharing your personal interests with your supervisor and colleagues? Why or why not? If you decline an assignment now, are you afraid that you will not be asked again? How can you invite people to keep you in mind for future work?

## Case 2 Community Involvement

1. *What might have gone wrong with Jane's good intentions?*

Jane is a newcomer to a close-knit community with many active, established citizens. Rather than taking time to assess the environment, she has jumped into appointments on committees before she settled into her new home and job. Jane does not have connections to the other members of the service club, police citizen advisory committee, or human relations advisory committee, which are likely made up of people with long-standing personal, professional, and family links. The regional quality improvement committee brings her in contact with another new group of colleagues unfamiliar with her training and interests.

*Probe:* Jane had been active on student council and a local advisory council while in school. Why do you think she jumped into so many activities so soon after beginning her first job in a new community? Do you think that Jane had an agenda beyond community involvement? Why didn't she take more time to assess the community and the options for involvement?

Jane took positions on the style and content of the community groups after a short period of involvement. She was not reluctant about sharing these ideas with more established members. While her views were sometimes appreciated, other community leaders were uncomfortable with the effects of Jane's actions. Jane's need to establish herself as a major player may have caused her to rush ahead without regard to the history of the community and its active citizens.

*Probe:* Why do you think Jane rushed in so fast? What do her behaviors say about her personal needs? Who could help her find more productive ways to participate?

*Probe:* Do you think that Jane has reflected on her motivations? How would you advise her?

*Probe:* Does Jane understand the political and service culture of her new community? If you were a member of the human relations advisory committee, what would you say to Jane? If you were a member of the establishment service club, what would you say to her? How have you tried to figure out what is appropriate in a new community or in a new arena of involvement? Do you allow people to describe their own agendas to you before sharing yours? Could you give an example?

*Probe:* Is Jane too overextended to understand any of the committees in detail? Has she spread herself too thin to become an expert in any one area? Has she been assertive about her opinions in lieu of listening to others?

Health professionals who have accepted assignments in new communities usually suggest to colleagues in similar situations that they give themselves a six-month adjustment period.

This time can be used to learn about the community's demographic characteristics and cultural groups, political structure, and history. The new provider will be able to meet many people in the community and learn from their experiences before making decisions about personal and professional involvement. This orientation period allows time to become thoroughly familiar with the new job and co-workers while making a gradual approach to additional commitments.

*Probe:* What would you want to find out about a new community? What committees or groups would be helpful to you? How would you pace your involvement? How could a person forge a balance between overcommitment and undercommitment?

It would be useful for the facilitator to wrap up the discussion with a personal case study that describes how he or she became oriented to a new community. An emphasis on methods of learning about opportunities for service and involvement as well as integrating into established groups would be helpful to new clinicians.

2. *What are some positive options Jane might take based on this feedback?*

Jane has received feedback that various community leaders have expressed to her administrator. Her reactions show that she did not realize that her efforts were meeting with less than completely positive responses from her health center and community colleagues. This could be the first time that Jane has been given negative feedback for efforts she sees as part of being a good citizen. Jane needs to maintain her desire to participate in local affairs while gathering more information about how to work better with others.

*Probe:* What would Jane gain if she put her energy into observing for the next six months? Would she lose anything? How could she be active without being opinionated? How could she offer to work on studies, take minutes, and take committee assignments?

Informal social contact could help Jane learn more about her community and the committees she has joined. Rather than working to lead by promoting her opinions and ideas, she has the option of becoming a better leader by meeting with people with long histories in each group. These activists can share their experiences and provide important insights. Even if Jane does not agree with the positions of these people, she will better understand the inner workings of the groups.

*Probe:* How can Jane learn to listen more effectively? Could she act as a facilitator during the period that she is learning about the community? What can Jane learn about the community through her work at the health center? What questions should she ask her health center colleagues?

Jane's co-workers feel that she values her community activities over the work of the health center. Her agenda of civic involvement could begin with the part of the community that she understands best—her workplace. She could seek out center employees who grew up

in the community and learn more about the workings of local culture and politics. Greater participation with health center educational groups and the community board, even on an observer basis, would increase Jane's depth of understanding. As an energetic new provider, Jane might want to ask her colleagues about their community activities and ask to come along to a meeting, health fair, or community function.

*Probe:* What would Jane learn by asking her co-workers about their interests? Could she offer her energy to their efforts without taking over? What should Jane do to cut back work on her community activities while at work? Does Jane need help making social contacts with her colleagues? What would you advise her to do? Does Jane need a mentor? Who would be a good choice for her? How have you learned to balance community involvement and work life? How have you learned to pace your participation to avoid alienating your fellow committee members?

3. *When getting involved in the community, what strategies might better ensure that good intentions are not misunderstood or misinterpreted?*

A new health professional with a strong interest in civic affairs will find many potential areas for participation in a community. Plunging into diverse commitments while beginning a new job may be a tempting approach to total immersion in an unfamiliar environment. There is the potential of meeting many new people and unraveling the inner workings of the community. Even if the health care provider is working in the place where he or she grew up, a new profession implies a new role in the community. The good intentions of the community activist clinician must be combined with a concerted effort to learn as much as possible about the efforts of community groups and a gradual program of participation that allows for a good transition to professional life linked with well-informed community work.

*Probe:* How would you begin to learn about civic activities in a new community? Who can give good advice to a new health professional? How can one find role models in a new place?

Jane, the nurse practitioner in this case, has been misunderstood by some of her colleagues. In one instance, however, Jane's outspoken opinions about health center services and providers were not appropriate. When expressing her ideas on other committees, it is also possible that she has made some poor decisions by jumping in quickly before better understanding local politics. Jane has been convinced that her views are preferable and has not been reluctant to express them.

*Probe:* Jane may have been able to be more politic and sensitive if she were not involved with so many groups. How can she cut back? Can Jane reshape her image by more judicious participation? How can she seek out others' opinions and insights?

For more information about cultural perspective, ethnocentrism, communicating respect, and communication that supports and enhances the concepts presented in this module, see

the *Cross-Cultural Issues in Primary Care* module. For more useful information about the nature of groups, discussing and questioning, and strengthening the effectiveness of group norms, see the *Discussion Leader Guide*. A capacity to balance personal and professional life, while at the same time maintaining a capacity to respond effectively and with minimal stress to the needs and demands of others, can be enhanced by continually strengthening cultural competence—a learning process that continually unfolds with each new encounter.

## SECTION 6 SUGGESTED READING


1. Braden N. *Taking Responsibility: Self-Reliance and the Accountable Life*. New York: Simon and Schuster; 1996.

   Step by step guide for achieving personal accountability for a successful and happy life.

2. Cohen A, Bradford D. *Influence Without Authority*. New York: John Wiley and Sons; 1990.

   Outlines the options facing us when we have no authority to make others act. Helpful strategies and tactics for gaining support for your ideas.

3. Covey S. *The 7 Habits of Highly Effective People*. New York: Simon and Schuster; 1989.

   Set course on a focused and successful life with these principles that help you deal with change and opportunity with integrity.

4. Fisher R, Ury W. *Getting to Yes: Negotiating Agreement Without Giving In.* New York: Penguin Books; 1992.

   The original "interest based" negotiation book. Learn to see beyond positions people take and get to root problems that need to be solved so that everybody comes out ahead.

5. Phillips D, Wallace L. *Influence in the Workplace*. Dubuque, IA: Kendall-Hunt; 1992.

   Supported by checklists, case histories, and development guidelines, introduces a three-phase model of developing workplace maturity and empowerment and offers specific direction in the hows and whys of personal influence development. Addresses the delicate components of leading and influencing others effectively.

## SECTION 7 AUDIOVISUAL RESOURCE

1. **Blaze of Glory Should Not Equal Burnout, Caring for the Caregiver (video, 90 min).** Tafoya T, Coleman D, HRSA, BPHC, Division of Special Populations and HCH Clinicians Network; 1996.
   Narrated by Native American Terry Tafoya, Ph.D. Clinicians from a variety of underserved practice settings are interviewed regarding challenges and rewards of their practice settings and communities.

**SUBTOPIC 5**

**TEAM BUILDING**

**TIME LINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentation and Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, dental health providers, nurse practitioners, physician assistants, and nurse midwives. This subtopic may also be used as a self-study for health professionals in training who are gaining team-building experiences.

By the end of this discussion, participants should:

1. Identify reasons for building and maintaining healthy teams of caregivers and support staff (benefits to the professional and to the service community)

2. Recognize some strategies for building effective teams and for being a constructive team player

3. Evaluate one's own strengths and weaknesses in being a team builder and a team player

## SECTION 2 OVERVIEW

Interdisciplinary team building is a process by which people of varying educational and experiential backgrounds learn to work together in a collaborative style. Health care delivery systems usually bring together a wide array of personnel, making team building a key component of success. A main impetus for building effective teams is to facilitate dialogue and understanding of processes and problem issues that cross formal boundaries. However, collaboration between disciplines yields other benefits as well, including retention of personnel and improved quality and efficiency of services rendered.

A team of effective employees requires leadership, support, communication, and collaboration within the team and from the top. Successful teams also need to have clear expectations from the organization and have members who focus on common and realistic goals. This section offers an opportunity to discuss key ingredients and lessons learned regarding team building, which brings together not only a professional mix but also diversity of personal and cultural perspectives on health care delivery.

## SECTION 3 CASE STUDIES/DISCUSSION QUESTIONS

### Case 1 Satellite Clinic Team

It had only taken two months for the excitement of opening the new satellite clinic to wear off. The staff had been eager to volunteer for this new assignment, but hitting the ground running was more difficult than anyone had imagined. While they had all worked together before and the procedures were copied from the main clinic site, it seemed everyone was at everyone else's throats.

Nancy, a registered nurse with several years of supervisory experience, had accepted the assignment of managing the new site with a 50 percent clinical and 50 percent administrative split. She now found herself having to cut back on clinical because too many people needed her direction and support. The two doctors who rotated over a couple days a week recently told her they felt little support from the nurses. "We can't find a nurse when we need one," they complained. Nancy had pitched in to work directly with the doctors until things settled down. The other nurses, one by one, were coming to her with a variety of complaints, big and small. "Janet isn't working as hard as others," one would say. "Marc always seems to take longer with patients, and we have to pick up his backlog," another reported. Nancy herself was accused of keeping the staff in the dark about developments and decisions: "Why do we have to hear everything through the grapevine?" they asked. Further, complaints surfaced about inconsistent stocking of supplies, delayed record transfer from the main clinic, and missing lab reports.

She had called a staff meeting to clear the air but had to cancel when the executive director called her over to the main clinic for an administrative meeting. "Just goes to show you how important our problems are," someone had muttered as she announced the meeting would be postponed. She now had a meeting planned for next Tuesday afternoon and was going to make sure it happened. She had even arranged for both of the physicians to join them.

1. What likely will be Nancy's biggest challenge in such a meeting?

2. How should Nancy approach the meeting agenda?

3. Will it be important for Nancy to let the team "vent?"

4. Should Nancy speak beforehand with the physicians to prepare them for a productive meeting?

5. What expectations can Nancy set to ensure that the team begins to focus on getting under control and feeling less stressed?

6. How might Nancy have started out differently to ensure a stronger team focus from the start?

## Case 2 Developing Team Relationships

After the first few months on the job, Dan, a new nurse practitioner, was frustrated with some of the apparent lack of motivation, communication, and cooperation between work teams within the health center. As he rotated between pediatrics and the adult medicine unit, he regularly heard staff complain outwardly about others. Physicians were criticizing other departments for lack of cooperation. He heard through the grapevine that at department head meetings, some people rarely spoke with others. When he had recently approached the pediatric nursing team supervisor to clarify progress notes in a couple of charts, he had been told to "get in line, everybody always think their needs come first. I can only work so fast."

Uncertain exactly what to do, he consulted with the medical director who downplayed his concerns, saying "you know this happens in every health care operation." The director seemed uninterested and resigned that nothing could be done. Dan sought out the pediatric nursing supervisor to offer his help in opening up communication between departments. The director unloaded her frustrations—she felt her department was the last to be consulted when patient service decisions were being made, and that the adult medicine and obstetrical doctors blamed them for a lot of the patient dissatisfaction. Even the lab and outreach units placed pediatric interests last. When Dan consulted a couple of staff members back in adult medicine, they did not see solving someone else's problems as a priority. "Why don't you get our needs met first? Then maybe there'll be time to clean up the peds unit."

Dan took the feedback and pessimism hard but did not want to give up. He felt certain he could facilitate better work team relations.

1. Does Dan have enough information to cause him to feel he should do something? If so, why? If not, what more does he need?

2. What might be a few easy or simple steps Dan could take to improve teamwork situations?

3. How might Dan encourage or gain support from the medical director for his team building efforts?

4. In your experience, what are some of the key elements necessary for team members or interdisciplinary teams to function smoothly and collaboratively?

5. Can Dan make a difference?

## SECTION 4 SUGGESTED ANSWERS

### Case 1 Satellite Clinic Team

1. *What likely will be Nancy's biggest challenge in such a meeting?*

   Nancy is a new administrator who has not laid a good foundation for teamwork at the satellite clinic. The upcoming meeting gives Nancy an opportunity to clear the air and give herself and the staff a new start. The team needs to agree on their mission at the satellite clinic and to work together to establish how each person can contribute to this mission. Nancy has the special task of establishing herself as the leader and advocate for the staff.

   *Probe:* What are the strengths that Nancy brings to the meeting? What are her weaknesses? What are the strengths of various staff members? Weaknesses?

   Nancy does not have the support of the staff as she attempts to get a new program off the ground. By building a team focused on a mission, she will be better able to ask for help as well as be more prepared to deal with conflict.

   *Probe:* How can Nancy lead a discussion that allows the group members to vent their frustrations while leading into a discussion of their shared vision and mission? How can staff members support each other to achieve the clinic's mission?

   Assuming that the group can agree on a mission for the satellite clinic, Nancy's next task is to help them to establish each person's role. No one individual can solve all the problems; everyone must work together.

   *Probe:* How is the satellite clinic different from the main clinic site? Do staff need to be more or less flexible in this setting? In which areas could Nancy use some help? Who can help her?

2. *How should Nancy approach the meeting agenda?*

   Nancy is working with an unhappy and frustrated staff in the satellite clinic. If she works with the group at the beginning of the meeting to set the agenda, each person will have input into what is discussed. She could seek to divide the agenda into discreet sections that allow the group to review what they have experienced, plan for the future, and anticipate what will be necessary for follow-up.

   *Probe:* Is Nancy flexible enough to accept an agenda set by the group?

   Nancy can exert some control by allocating specific amounts of time for each section of the meeting, e.g., 10 minutes to review the situation, 35 minutes to make a plan, 10 minutes to list follow-up steps and set the time for the next meeting.

*Probe:* What are the advantages of this approach? Disadvantages? If you were Nancy, would you approach the agenda this way? Why?

*Probe:* Effective planning will require agreement about the mission of the clinic. How will Nancy work to achieve agreement?

*Probe:* How should Nancy deal with the frustrations of her staff with support, communication, supplies, and other issues?

3. *Will it be important for Nancy to let the team "vent"?*

In each part of the agenda, Nancy might ask staff to brainstorm their concerns while she writes them on a flip chart. She could lead a discussion where the group sets priorities so they can all focus on the most important issues first. This causes the group to take greater ownership and ensures a focus on first things first.

*Probe:* How can you balance a free exchange of ideas and control of the meeting? If people are frustrated, they may not be able to move on to new issues. Why? Could Nancy get help from a more experienced administrator before attempting this meeting? What would that person advise?

4. *Should Nancy speak beforehand with the physicians to prepare them for a productive meeting?*

Nancy has been too busy to discuss clinic issues with the physicians and other members of the satellite clinic staff. Now that problems have come to a head, she will have more success with her upcoming meeting if she makes time to meet with as many members of her team as possible as part of her preparation. These discussions with the physicians, nurses, and support staff will give her a better handle on each individual's assessment of the problems. Also, by taking the time to sit down with people one-on-one or in small groups, Nancy can hear their impressions without interruptions. She can use these discussions to present her ideas and to begin to introduce her interest in promoting collaborative practice. Nancy also can collect information about people's thoughts on the mission of the clinic and their role in achieving it. Some staff, such as the physicians, will have very specific concerns that Nancy should understand before the meeting.

*Probe:* What does Nancy gain by pre-meeting discussions? Does she risk losing anything? What information can she collect from all staff members? What information can come only from the physicians? the nurses? How will she address major differences in how staff view the clinic? Can she give staff areas to present at the staff meeting?

5. *What expectations can Nancy set to ensure that the team begins to focus on getting under control and feeling less stressed?*

This is the first staff meeting since the satellite clinic opened. Nancy can establish a schedule of regular meetings that will assure staff that there will be a forum for discussion and problem solving. Teamwork requires ongoing attention to establish a team mission, establish roles of team members, and develop skills for collaborative practice. Nancy will need to build support for herself as the team leader and make a plan for improved communication and shared responsibility. She can use the meetings to keep the staff informed about her work to solve management and operations problems while asking for their ideas and support.

Regular meetings at the satellite clinic can be used for a program of team development that sets aside time for each person/profession to learn about each other. The group could decide if they want to use the meetings to discuss clinical care as well as administrative issues. Some health care and clinic teams use outside resources such as books on teamwork or assistance from experts to assist them in their efforts.

*Probe:* How much groundwork will be necessary to move from a culture of complaining to one of teamwork? Where can Nancy turn for help? What other experiences can Nancy and her staff draw on as they begin to work in team meetings? Committee work? Home life? Other clinical settings?

Nancy could use materials for team development in health care to structure some of her meetings with the staff. (See handouts for this subtopic.)

*Probe:* Do you think that team development materials would be helpful? Why? Why not? Why do you think that some staff may feel threatened by the materials? How can Nancy demonstrate how team development could be useful?

## Case 2 Developing Team Relationships

1. *Does Dan have enough information to cause him to feel he should do something? If so, why? If not, what more does he need?*

   Dan has observed a lack of positive relationships among the health center teams and wants to help improve the situation. He has found that the staff in pediatrics, adult medicine, and obstetrics are not working together, but he does not have much specific information about the effectiveness of the units. Because Dan thinks that all departments and their patients will benefit from better communication, he is willing to risk raising uncomfortable issues. His information is based on his personal impressions, his discussions with colleagues, the medical director, and the pediatric nursing supervisor.

   *Probe:* Dan is sincere in his desire to make things better. Who is his best ally? Why? What other information does Dan need to research? Have things always been this way? What other attempts have been made to improve team relationships?

   Dan rotates between pediatrics and adult medicine. Because he experiences both settings, he has more information than those staff who work only in one unit. He can use the information that he gathers to make a plan for improving teamwork.

   *Probe:* How can Dan make the most of his pediatrics and adult medicine experiences? Does he risk alienating both groups? What advantages does he have? Disadvantages? Is patient dissatisfaction a concern for all units?

2. *What might be a few easy or simple steps Dan could take to improve teamwork situations?*

   Dan is a staff nurse practitioner with only a few months of experience at the health center. He has no administrative responsibilities and has failed to gain support from medical and nursing leadership. Dan can begin to improve teamwork on an individual basis by showing respect to all co-workers and trying to build bridges between people in different areas of the health center.

   *Probe:* Can teamwork be built from the bottom up? Do improved interpersonal relationships promote teamwork? Would it make sense for Dan to start with the pediatric group that feels disenfranchised? Why or why not? If several staff became more interested in improved team relationships, how could they begin to enlist help from management? How can Dan be successful without stepping on people's toes? Could staff be helped to work together to provide care for entire families? Could Dan's work in pediatrics and adult medicine serve as a bridge?

3. *How might Dan encourage or gain support from the medical director for his team building efforts?*

The medical director realizes that there is a problem with collaboration between units of the health center but has downplayed his concerns. He may have tried to address the issue in the past and met with resistance. It is also possible that the medical director lacks the skills to improve teamwork between units. Dan may gain support when teamwork efforts are successful in an area of center operations important to the medical director. Possible areas to investigate could be laboratory services in pediatrics or the lack of effective outreach to families with children. Another area that could be of interest to the medical director is the tension between various department heads. If Dan could improve communication at the department head level, he could demonstrate the benefits of teamwork for decision making, problem solving, staff satisfaction, and retention.

*Probe:* Should Dan meet with the medical director before he makes another attempt to promote teamwork or wait until he can report some small success? What is at risk for the medical director? For Dan? What can they gain from Dan's efforts? Could Dan help the medical director gain new skills? How? Is someone else in the health center a better initial ally for Dan? How could the two of them be more effective with the medical director? What are other ways that Dan can demonstrate his commitment to teamwork?

4. *In your experience, what are some of the key elements necessary for team members or interdisciplinary teams to function smoothly and collaboratively?*

Effective teams share a mission and goals, are clear about the roles and responsibilities of each member, have strategies for decision making, communicate well, and establish procedures to complete tasks.

*Probe:* How does a team establish goals? Is this easier for staff in a health center with a mission to meet the health needs of underserved populations? Why or why not? Why must health care teams meet together? How often do you think they should meet? If several teams need to work together, should they meet in a large meeting or have their representatives meet? Why?

Teams benefit from having a team leader. This person can either be chosen by the group members or appointed by health center management. The team leader is a facilitator who keeps the group on track in their administrative and/or clinical work and does not have more decision making power than other team members.

*Probe:* How would you choose a team leader? What skills would you look for? What personal attributes would be helpful? Could the leaders of the disciplinary teams in this health center meet together to solve problems? Would they need the input of their members?

When many units of a health center work together, joint meetings are helpful to focus on issues both groups feel are important to their work life. It is difficult to get teams to cooperate unless they meet to talk about common issues. Cooperation between teams is

facilitated when each unit (pediatrics, obstetrics, etc.) also meets separately to clarify internal issues.

*Probe:* Whose job is it to coach collaborating teams? Is Dan a good candidate for this role? Why or why not? What are the common issues faced by pediatrics and adult medicine teams? Pediatrics and obstetrics teams? Adult medicine and obstetrics? Outreach and pediatrics? How can teams put patient care issues first?

Large meetings of co-workers always risk degenerating into gripe sessions that do not move on to problem solving. Preparation for team meetings, in individual units and between units, can serve to identify issues and list potential solutions. Lists of participants and formal agenda are also useful.

*Probe:* How should a facilitator respond to gripes and complaints? Could responses such as "what do you think we should do?" or "could you suggest a solution?" be productive? Do you support time limits for discussion of agenda items? Why or why not?

For more information about cultural perspective, ethnocentrism, communicating respect, and communication that supports and enhances the concepts presented in this module, see the *Cross-Cultural Issues in Primary Care* module. For more useful information about the nature of groups, discussing and questioning, and strengthening the effectiveness of group norms, see the *Discussion Leader Guide*. Strengthening insight and skills related to teamwork, which can be enhanced by strengthening awareness, knowledge, skills, and capacity to act in ways that are culturally competent, can play a key role in personal and professional development—a learning process that continually unfolds with each new encounter.

## SECTION 5 SUGGESTED READING


1. Balzer-Riley J. *Instant Teaching Tools for Health Care Teams.* St. Louis, MO: Mosby; 1997.
   Includes interactive exercises designed for health members of health care teams to work collaboratively to meet their goals.

2. Charney C. *The Managers Tool Kit: Practical Tips for Tackling 100 On-the-Job Problems.* New York: American Management Association; 1995.
   Succinct advice on core problems found in the workplace from team building to conflict.

3. Harrington-Mackin D. *The Team Building Tool Kit: Tips, Tactics and Rules for Effective Workplace Teams.* New York: AmaCom; 1994.
   Basic step by step strategies to ensure a focused and harmonious team.

4. Katzenbach J, et al. *The Wisdom of Teams*. Cambridge, MA: Harvard Business School Press; 1993.
   Learn the core elements that make up successful and progressive teams. Based on research and tracking of high performance teams from diverse industries.

5. Scholtes P. *The Team Handbook*. Joiner Associates; 1998.
   Excellent reference, particularly for quality improvement teams. Tools are outlined in lay language with good examples.

6. Silva K. *Meetings That Work.* Columbus, OH: Business One Irwin; 1994.
   Taking charge of an effective meeting assists team building efforts.

## SECTION 6 AUDIOVISUAL RESOURCE

1. **How to Overcome Negativity in the Workplace.** Four-volume video series.

   Contact: Career Track. Boulder, CO. 800-334-1018.

## SECTION 7 HANDOUTS/OVERHEADS

# TEAM RESPONSIBILITIES
# Team Decision Making

All members of a team must accept certain responsibilities in order to enhance personal influence. Use the guidelines listed below as you take the opportunity to influence the continual success of your organization.

## GUIDELINE 1: MAINTAINING PERSPECTIVE

1. Stay informed. Accept responsibility to use the many channels of communication providing information to staff.

2. If you want information—ask for it! Employers and colleagues cannot read your mind and frequently overlook providing key information you need or would find helpful. Ask about information and issues that concern you (department and organizational goals and objectives, new programs, changes, problems, policies).

3. Be alert for opportunities to participate in decision making. Staff meetings, committees, and staff projects all require your input. Look for those opportunities to share your ideas. If you have suggestions, let your manager know. Don't wait to be asked.

4. Deal in solutions, not problems. Your creative input is what will make the organization a better place. Expressing criticism and identifying problems are only one-half the equation. Your solutions and suggestions are required as the other half of the equation.

5. Prioritize your efforts. Not all of your concerns, problems, or ideas can be addressed at once. The organization must focus its resources on the most important problems and programs first. Be realistic—identify your most important concerns first.

Adapted from "Team Responsibilities/Decision Making," Les Wallace, Ph.D., 199 8.

# TEAM RESPONSIBILITIES
# Team Decision Making

## GUIDELINE 2: OFFERING SUGGESTIONS, DEALING IN SOLUTIONS

The success of any idea or suggestion is related to the extent to which it can be seen as having an important impact. Participation in decision making is no different. To the extent that each of us can identify the significant impact of our ideas, we will enhance the influence of our suggestions. Listed below are a few tips for enhancing the impact of your ideas. Be prepared to relate your ideas to answers to the following questions.

1. How does your idea impact the quality and patient-centeredness of services or products being delivered?

   Quality issues require consideration of consumer/client expectations (including cultural background) as well as commonly accepted professional standards.

2. How does your idea relate to efforts to contain costs and generate revenue?

   Will it save money? How?
   Will it produce revenue? How?
   Will it increase efficiency? How?

3. How does your idea impact other areas of concern?

4. How does your idea impact "people" concerns? (e.g., a pleasant and productive working environment).

5. How does your idea relate to the goals and priorities of the organization and your area of responsibility?

6. Is there a way your idea might be pilot tested first to determine its potential?

Adapted from "Team Responsibilities/Decision Making," Les Wallace, Ph.D., 1998.

# TEAM RESPONSIBILITIES
# Team Decision Making

## GUIDELINE 3: TEAM BEHAVIORS

1. Clarifies expectations for teamwork
2. Meets team timelines and expectations for task accomplishment and information sharing
3. Openly shares information others need to enhance their contributions
4. Takes personal initiative for working out interpersonal difficulties with team members
5. Collaborates according to team expectations despite personal feelings about other team members
6. Frequently checks team agreement and commonality of focus
7. Openly receives, clarifies, and respects the comments and reactions of others
8. Maintains goal directed focus through pertinent and relevant comments and ideas
9. Maintains emotional equilibrium in the face of varied behaviors/reactions of team members
10. Supports other team members during difficult task or emotional periods
11. Facilitates communication participation by encouraging positive reinforcement and supporting discussion
12. Seeks out the feedback of other team members
13. Readily asks for assistance, clarification, or information when in need
14. Levels with other team members about decisions, performance, and contributions
15. Confronts inappropriate team behavior in a timely and objective manner
16. Sticks with difficult positions and ideas objectively to ensure breadth of thought
17. Supports team decisions and contributes to successful implementation
18. Takes on a variety of responsibilities within the team
19. Accepts personal responsibility for improvement in outcomes and team process

Adapted from "Team Responsibilities/Decision Making," Les Wallace, Ph.D., 1998.

**SUBTOPIC 6**

**LIFETIME OF LEARNING**

**TIMELINE (60 minutes)**

| | |
|---|---|
| 5 min | Introduction/Ice Breaker |
| 5 min | Review of Objectives/Format |
| 5 min | Overview |
| 40 min | Case Presentations and Questions |
| 5 min | Review and Summary |

## SECTION 1 LEARNING OBJECTIVES

Target Group: Medical students, residents, dental health providers, nurse practitioners, physician assistants, and nurse midwives. This subtopic may also be used as a self-study for health professionals in training who are considering their career objectives and pathways.

By the end of this discussion, participants should:

1. Identify benefits (to the provider and the practice setting) realized by meeting the provider's learning needs as they arise and change over the years

2. Recognize some individual options for learning and educating others during one's career

3. Evaluate one's own needs, strengths, and aspirations regarding being a *life time learner*

## SECTION 2 OVERVIEW

Life is often spoken of as a journey from birth to death following predictable phases in a known sequence. In adulthood, Levinson (1986) defined these as *seasons* or *eras* having distinctive qualities: early adulthood (17 to 45), middle adulthood (40 to 65), and late adulthood (60 and older). Upon this universal pattern and timetable there are countless individual and cultural variations.

The challenges posed within and between these seasons, our personal life cycle, are both personal and professional in nature. This section seeks to provoke thought on the opportunities and challenges as they arise during our professional lifetime. Within the three adult seasons, it is important for many people to find creative ways to avoid stagnation and so called "burnout." Transitioning from one season to another often poses the added challenge of integrating into our daily lives our changing professional needs and aspirations as the years go by. Other than age, there are life event markers that signal transition and challenge as well as opportunities (e.g., graduation, job change, marriage, children, shifting professional interests, etc.)

## SECTION 3 CASE STUDIES/DISCUSSION QUESTIONS

Using the two professional life cycle summaries below as a take-off point, discuss the implications for clinicians pursuing a lifetime of learning. Particularly look for life cycle markers that might delineate new learning challenges. These markers may be age cycles, family cycles, professional maturation, and assignment cycles. Look for changes that may signal new challenges for the professionals identified below and opportunities for identifying a new learning agenda. Look for changes affected by different cultural backgrounds.

### Case 1 Susan (Born 1952)

| YEARS | AGE | EVENTS |
|---|---|---|
| 1974 | 22 | Medical school, Philadelphia, PA<br>Family medicine residency, Colorado Health Science Center |
| 1981 | 29 | National Health Service Corps assignment, St. Louis Central Community Health Center (CCHC), primary care, including OB in underserved urban setting |
| 1984 | 32 | Married a private practice psychologist<br>Appointed Medical Director of CCHC<br>Becomes active in regional clinical network |
| 1986 | 34 | First child born |
| 1987 | 35 | Signs three-year contract with CCHC<br>Vice president of regional clinical network<br>Faculty preceptor for medical students |
| 1990 | 38 | Husband takes faculty job at University of Delaware<br>Family moves to Delaware |
| 1991 | 39 | Sits out a year; second child born<br>Part-time job with migrant farm worker clinic in Delaware |
| 1992 | 40 | Accepts full time position with farm worker clinic; works with her church to develop farm worker women's support program; organizes clinical network in rural Delaware/Maryland/Virginia region<br>Appointed to Governor's task force on state Medicaid reform<br>Accepts adjunct faculty appointment from Medical College of New Jersey |

| | | |
|---|---|---|
| 1994 | 42 | Husband starts post-graduate work in New York City<br>Year off to volunteer with homeless clinics in New York City |
| 1996 | 44 | Accepts faculty position with family medicine residency in Brooklyn, affiliated with community health center<br>Husband accepts part-time teaching post at Columbia University and opens part-time private practice at spouse's community health center<br>Becomes active with clinical network |
| 1998 | 46 | Elected to board of clinical network |

**Case 2 Bob (Born 1935)**

| YEARS | AGE | EVENTS |
|---|---|---|
| 1965 | 30 | Graduates from nursing school<br>Accepts position with Seattle hospital in cardiac critical care unit<br>Three children in grade school |
| 1970 | 35 | Certified as a clinical nurse specialist in cardiac care |
| 1980 | 45 | Leaves hospital's critical care unit after 15 years<br>Accepts position with American Red Cross to teach CPR |
| 1982 | 47 | Enrolls in University of Michigan two-year distance learning program in public health, with an emphasis on management<br>One child still at home attending Seattle Community College |
| 1984 | 49 | Graduates with master's degree in public health<br>Last child leaves home<br>Relocates to central Washington and accepts position with Yakima Valley Community Health Center as Director of Health Education and Community Planning |
| 1985 | 50 | Spouse has heart attack<br>Organizes local chapter of Heart Healthy Living<br>Focuses continuing education on two areas: managed care and information systems |
| 1990 | 55 | Accepts position as CEO of Yakima Health Center<br>Signs centers' first managed care contract, which includes other participating community health centers<br>Supports staff as they teach and precept for Central Washington University (CWU) and does so himself<br>Widowed early 1991 |
| 1999 | 64 | Yakima Health Center merges with regional consortium of health centers, new board restructures management<br>Takes early retirement<br>Spends one year in Costa Rica with son who is conducting academic research |
| 2000 | 65 | Returns to central Washington<br>Accepts part-time faculty position with CWU<br>Accepts nomination to Board of Eastern Washington Community |

1. What are some methods for assessing one's current and future professional development needs?

2. How does one anticipate and develop long-term career plans? How do you plan for the future?

3. Might you foresee any of the career life cycle markers from Susan's and Bob's lives appearing in your own lifetime?

4. Professionals frequently focus on their professional development but attend less to their personal development. What aspects of Susan's and Bob's lives indicate personal learning challenges?

5. How does one gain support at work for professionally enriching activities that do not necessarily generate revenue, e.g., mentoring, sabbatical leave, precepting, adjunct faculty, community involvement?

## SECTION 4 SUGGESTED ANSWERS

1. *What are some methods for assessing one's current and future professional development needs?*

   Each person experiences changes in his or her personal and professional needs at different stages of development. Some are obvious results of significant life events such as graduation from a degree program, completion of a residency, the birth of a child, or a relocation to accommodate a spouse's employment. These events imply change and most people are able to assess their developmental and behavioral needs with the support of family, academic advisors, and colleagues.

   At other times, people need to make a conscious effort to assess developmental needs. This is particularly true when one is dissatisfied with a current situation or looking ahead to plan for the future. Other individuals, written resource materials, and other resources are available to help in the process of self assessment.

   Professional peers and older practitioners are rich sources of information about paths people have taken through life. Some people find assistance in self-assessment questionnaires, books written to provide guidance, support groups, and study of general research in human development. Counseling is a resource used for anticipatory guidance, as well as intervention, during a crisis. Ongoing self-assessment throughout life is an affirming and stimulating process.

   *Probe:* How has your life changed in recent years? Which people have given you guidance and information? Have you found certain books to be helpful? Have your peers been helpful? Have other self-assessment strategies been helpful?

   Awareness of developmental stages and anticipation of the effects of significant life events can help people assimilate change with an open and optimistic attitude.

   *Probe:* As you look ahead to the next 10 years, what significant events lie ahead? Marriage? Children? Death of a parent? Move to a new area? Career change for you or your spouse?

   Life changes affect work, family, health, and personal satisfaction. New health professionals can learn from older people and choose role models whose ability to change over time sets a good example.

   *Probe:* Who do you admire? A parent? Professor? Clinical mentor? How have they managed change over life cycles? What have been the significant markers in their development?

2. *How does one anticipate and develop long-term career plans? How do you plan for the future?*

Long-term career plans must be based on an individual's professional and personal priorities, as well as job market demands, family needs, and flexibility to accept unexpected opportunities. Planning uses self-assessment, research, and observation in an ongoing process of career development. In the case studies, two life cycle summaries are presented.

In the case of Susan, a family medicine physician, there is the presentation of a history of a person who delayed marriage and the birth of her first child until the completion of medical school, residency, and NHSC assignment. She accepted leadership positions in her health center and regional clinical network while assuming new educational responsibilities. Susan's career development path, which seems very orderly and systematic, took a new turn when she and her family relocated for her spouse's job. After a year at home with a baby, Susan accepted a part-time position that continued her career goal of providing care to the underserved, and she remained open to new options for career growth. As her life continued, Susan took advantage of her new environment and contacts as she pursued volunteer work followed by new roles in education, clinical practice, and program leadership.

*Probe:* What are smartest decisions Susan made? Did she make decisions that you think of as errors? What would you have done differently in her situation? How do you think Susan's career development would have been different if she had remained in her first position? What were the main components of Susan's strategy for career development? Care to underserved communities? Teaching and clinical work? Professional leadership? Integration of family life? Geographic flexibility? A marriage with two active professionals? Ability to take risks?

In Case 2, Bob graduated from nursing school when he was older than the average student, male, and the father of three children. He followed the career path leading to clinical specialist certification and worked in the critical care unit of the same hospital for 15 years. As his children grew up, Bob pursued a master's degree in public health and reorganized his life to move to a new area, provide support to his spouse, and develop new interests. At age 64, he was willing to embark on an overseas adventure with one of his sons and to accept new part-time professional responsibilities.

*Probe:* Why do you think that Bob chose critical care work? What decisions led him to move from tertiary care to public health? What were the best decisions that he made? The poorest? How were Bob's decisions tempered by his family responsibilities? What were the main components of Bob's strategy for career development? Development of technical competence? Enlargement of the nursing role? Care to underserved communities? Combining work and family? Learning about new environments? Continuing education throughout the life cycle?

Consider the stages of the life cycle of the discussion participants and link their decision making to the observations about Susan and Bob. While each person makes individual

decisions throughout life, there are some similarities shared by all health professionals. Each person can reflect on his or her stage in life cycle and develop and present a summary of what he or she has experienced in his or her personal, educational, and professional life to date and what he or she anticipates in the next five years. Participants can present some of the most important influences on their development and where they plan to look for future inspiration, guidance, and support.

*Probe:* Where are you in your life cycle development? Are you planning for the future? Next year? Next five years? How far can you envision yourself into the future? What are your strategies? Who is important in your strategies for professional development? Yourself? Spouse? Children? Parents? Mentors? Role models? Others?

3. *How does one gain support at work for professionally enriching activities that do not necessarily generate revenue, e.g., mentoring, sabbatical leave, precepting, adjunct faculty, community involvement?*

Each health professional needs to develop strategies for professional and personal growth throughout life. This growth benefits the individual while simultaneously bringing tangible benefits to that person's employer, colleagues, and patients.

A productive clinician generates revenue for his or her employer or practice from direct patient care, contracts that bring in income for indirect services, successful grant applications, and other methods. A professional who develops non-revenue generating activities such as cooperation with regional health organizations, liaison with community organizations, educational efforts, and research creates other important resources.

Cooperation with other health organizations improves the resources available to the program, health center, or practice that can result in important linkage agreements and liaisons. Educational efforts, including teaching in health professional programs and on-site preceptorship of students or residents, are key to retention of employees who want to combine practice and teaching. Collaboration with health professional schools makes faculty available to practicing clinicians and program administrators. Teaching responsibilities may develop into inclusion in grant proposals and potential new income for the practice. Community-based research efforts that do bring in revenue are crucial to enriching the professional activities of the clinician who seeks to combine practice and scientific inquiry. Published reports and presentations on research studies bring prestige and recognition to the principal investigators and the practice site.

*Probe:* List the range of professionally enriching activities that do not necessarily generate revenue for a clinical practice. How does each enrich the individual? How does each enrich the practice? Short term? Long term? How does each benefit patients? Colleagues?

*Probe:* As you consider a lifetime of learning, what activities most interest you? How will you integrate your interests with your clinical work? What will be the effect on the

practice? What will be the effect on your personal life? Professional life? How will you balance your many interests?

*Probe:* Because a lifetime of learning benefits from feedback from others, to whom will you look for advice and constructive criticism? Why do you choose that person/those people? Do feedback needs change as people mature? Why or why not?

## SECTION 5 SUGGESTED READING


1. Gross R. *Peak Learning: How to Create Your Own Program for Personal Enlightenment and Professional Success*. Los Angeles: JP Tarcher; 1999.
   A program for lifelong learning for the person interested in self-directed study and development for personal growth and job satisfaction. Written for a general audience but applicable to health care professionals.

2. Levinson DJ. *The Seasons of a Man's Life*. New York: Ballantine Books; 1986.
   Describes life cycle changes in men.

3. Levinson DJ, Levinson JD. *The Season's of a Woman's Life*. New York: Ballantine Books; 1997.
   Describes life cycle changes in women.

4. McWilliams P, Williams JR. *Life 101*. Los Angeles: Prelude Press; 1994.
   Humorous approach to self-reflection about getting down life's highway.

5. Potter B. *Beating Job Burnout*. New York: Ronin Publishing; 1985.
   Professional burnout doesn't occur overnight. Discusses and diagnoses burnout as the result of sustained and unresolved stress.